

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) *10/15/61 (661)*

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	/						
4	/						
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TOTAL IND.	3						
TOTAL DEP.	18						
TOTAL CLAIMS	21						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							